

Personal Information: Husband

Name (First, Middle, Last): _____

Address: _____

City/State/Zip/County: _____

SSN: _____ DOB: _____ Place of Birth (Citizenship): _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Have you ever lived in any other state or foreign country? If so, where and when:

Do you have a will? Yes No

Do you have a trust? Yes No

Personal Information: Wife

Name (First, Middle, Last): _____

Address: _____

City/State/Zip/County: _____

SSN: _____ DOB: _____ Place of Birth (Citizenship): _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Have you ever lived in any other state or foreign country? If so, where and when:

Do you have a will? Yes No

Do you have a trust? Yes No

Marriage Information

Date of Marriage: _____

Do you have financial obligations to a former spouse? Do you have an Ante Nuptial Agreement?

Husband: Yes No

Husband: Yes No

Wife: Yes No

Wife: Yes No

Family Information: Children

1.	NAME	ADDRESS	BIRTHDATE
2.	NAME	ADDRESS	BIRTHDATE
3.	NAME	ADDRESS	BIRTHDATE
4.	NAME	ADDRESS	BIRTHDATE
5.	NAME	ADDRESS	BIRTHDATE
6.	NAME	ADDRESS	BIRTHDATE
7.	NAME	ADDRESS	BIRTHDATE
8.	NAME	ADDRESS	BIRTHDATE

Family Information: Grandchildren

1.	NAME	ADDRESS	BIRTHDATE
2.	NAME	ADDRESS	BIRTHDATE
3.	NAME	ADDRESS	BIRTHDATE
4.	NAME	ADDRESS	BIRTHDATE
5.	NAME	ADDRESS	BIRTHDATE

Branch Information: 11234 Cornell Park Drive, Cincinnati, OH 45242

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6.	NAME	ADDRESS	BIRTHDATE
7.	NAME	ADDRESS	BIRTHDATE
8.	NAME	ADDRESS	BIRTHDATE
9.	NAME	ADDRESS	BIRTHDATE
10.	NAME	ADDRESS	BIRTHDATE
11.	NAME	ADDRESS	BIRTHDATE
12.	NAME	ADDRESS	BIRTHDATE

Family Information: Persons other than children who are dependent upon you for support

1.	NAME	ADDRESS	BIRTHDATE
2.	NAME	ADDRESS	BIRTHDATE
3.	NAME	ADDRESS	BIRTHDATE
4.	NAME	ADDRESS	BIRTHDATE

Estate Planning Information for Married Persons

- How do you want your assets distributed upon your death?

- Explain how you would like to provide for your spouse. If assets are to be distributed to your spouse, do you want them distributed outright or in trust?

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3. Do any of your children have special health needs?

4. If you and your spouse both die when your children are minors, should your children receive your property when they are 18 years old or should it be held until they are older? Should your children receive equal shares?

5. Do you want to make bequests to charitable organizations?

6. If neither you or your spouse nor your children survive you, who should receive your property?

7. Who would you like to serve as your fiduciaries? A fiduciary may be an individual or a bank.
 - a. The executor will manage your estate. He or she should be a resident of your home state; however, out-of-state relatives (by blood or marriage) may serve.
 - 1.
 - 2.
 - 3.

 - b. The Trustee will manage your trust, if you decide to create one. The Trustee must invest and manage money, as well as maintain relationships with the beneficiaries and make decisions about distributions to the beneficiaries.
 - 1.
 - 2.
 - 3.

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c. A Guardian is responsible for the physical well-being, the estate, or both, of an incompetent or minor. Parents of young children frequently want to name relatives or friends to serve as guardians of their children if both parents die.

- 1.
- 2.
- 3.

8. Is minimizing income and estate taxes a high priority for you?

9. Would you like to make lifetime gifts to your children, other persons, or charity?

10. Would you like a Living Will, a Durable Power of Attorney for Health Care, or a general Durable Power of Attorney?

Power of Attorney for Health Care & Living Will

Husband: _____ Date of Birth: _____

Wife: _____ Date of Birth: _____

Address: _____

Telephone Number: _____

Husband

Wife

Primary Agent (if not spouse)

Name: _____

Name: _____

Address: _____

Address: _____

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City/State/Zip: _____

City, State, Zip: _____

Telephone Number: _____

Telephone Number: _____

Relationship to You: _____

Relationship to You: _____

First Alternate Agent (if Primary Agent is unavailable)

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City, State, Zip: _____

Telephone Number: _____

Telephone Number: _____

Relationship to You: _____

Relationship to You: _____

Second Alternate Agent (if First Alternate Agent is unavailable)

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City, State, Zip: _____

Telephone Number: _____

Telephone Number: _____

Relationship to You: _____

Relationship to You: _____